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HEADQUARTERS
THEATER SERVICE FORCES
EUROPEAN THEATER
Office of the Theater Chief Surgeon
(Main), APO 757

Surg 726.1

22 October 1945.

CIRCULAR LETTER NO. 74

Diagnosis and Reporting of Venereal Diseases

1. Circular Letter No. 31, Off Ch Surg, subject as above, 10 March 1944, and all previous directives in conflict with the following are rescinded.

2. Diagnosis: The diagnosis of the venereal diseases among military personnel will be based on the criteria outlined below.

a. Gonorrhea.

- (1) A diagnosis of gonorrhea will be made on history, symptoms, and physical signs. Confirmation by bacteriologic examination will be employed wherever practicable but is not required.
- (2) A diagnosis of urethritis, non-specific, or a similar diagnosis other than gonorrhea will not be made:
 - (a) In the presence of a recent history of gonorrhea.
 - (b) In patients who have had treatment, local or systemic, subsequent to the development of symptoms and prior to examination.
 - (c) Without the exclusion of gonorrhea by a minimum of three successive cultures taken from the inflamed area at intervals of not less than 24 hours and certified by a Medical Officer to contain no growth of N. gonorrhea after cultivation by an accepted technique for demonstration of this organism.

b. Syphilis.

- (1) A diagnosis of syphilis will be made:
 - (a) Upon demonstration of motile Treponema pallidum by darkfield examination certified by a Medical Officer. The presence of spirochaetes other than Treponema pallidum in oral and anal lesions renders material from these sources unreliable in the diagnosis of syphilis.
 - (b) In the presence of typical clinical manifestations, a diagnosis of syphilis will be made on the basis of two positive reactions to the standard Kahn test.

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- (2) In the absence of typical clinical manifestations, a diagnosis of syphilis will not be made on the basis of serologic tests in the presence of fever, in patients recently vaccinated against smallpox, or in those with or suspected to have malaria, infectious mononucleosis, lymphogranuloma venereum, or other conditions recognized or suspected to produce false positive reactions to serologic tests for syphilis. (Circular Letter, No.97, Office of the Chief Surgeon, 30 May 1943).
- (3) In the absence of clinical manifestations of disease, a diagnosis of syphilis will not be made until a positive serologic test has been confirmed and has been found to remain persistently positive when tested at intervals of two to four weeks over a minimum period of three months. (Paragraph 5, Circular Letter No.97, Office of the Chief Surgeon, 30 May 1943).
- (4) Tests of the "Presumptive" or "Exclusion" variety will not be used in the diagnosis of syphilis.

c. Chancroid.

- (1) In the presence of single or multiple ulcerative lesions of the genitalia or genital region the diagnosis of chancroid will be made after the exclusion of syphilis by appropriate laboratory tests, and of herpes progenitalis, traumatic lesions, and balanitis infections on the basis of history and clinical manifestations.

d. Lymphogranuloma Venereum

- (1) A diagnosis of lymphogranuloma venereum will be made on the basis of history and typical clinical manifestations and should be suspected in the presence of acute inflammatory inguinal adenopathy with a trivial or no genital ulcer.
- (2) A diagnosis of lymphogranuloma venereum will not be established solely by the results of intracutaneous (Frei) tests.

e. Granuloma Inguinale

- (1) A diagnosis of granuloma inguinale will be made on the basis of typical clinical manifestations. Verification by examination of stained smears of scrapings from the lesions is desirable.

3. Reporting.

Numerous deficiencies are noted in the reporting of the venereal disease. The procedure outlined below will be followed:

- a. New cases of venereal disease will be reported each week by the Unit Surgeon on WD AGO Form 8-122 (formerly WD MD Form 86ab).

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b. All cases of the venereal diseases in which treatment is begun on a duty status will be "carded for record only" on WD MD Form No. 52c.

c. Patients suspected of a venereal disease sent to hospital for differential diagnosis will be reported by the Unit Surgeon as the appropriate venereal disease on the next Statistical Health Report (AGO Form 8-122, in the communicable disease section after a diagnosis is established.

d. The Medical Officer who first makes a diagnosis of venereal disease will, within 24 hours, complete the ETOUSA MD Form 302, the Individual Report of Venereal Disease. (Registry Number ETHD-14)

e. Copies of ETOUSA MD Form 302 prepared for submission to the Theater Chief Surgeon, TSFET (Main) APO 757, will be held until the end of the week and will be submitted attached to the Statistical Health Report (WD AGO Form 8-122 for units and hospitals.) Copies prepared for Commanding Officers of the individual's unit will not be held, but sent to the unit within 24 hours.

f. In completing ETOUSA MD Form 302 an Officer, Nurse or specially trained enlisted man will obtain and record accurate information concerning the name and identifying particulars of the soldiers' sex contacts.

g. No information concerning the identity of a soldier with a venereal disease or the name or identifying particulars of a soldier's sex contacts will be transmitted by members of the Medical Department to any individual or agency outside the United States Army except as directed by the Theater Chief Surgeon.

By order of the Theater Chief Surgeon:

F H McWrey
F. H. MCWREY,
Colonel, Medical Corps.
Executive Officer.

